



## Change of Name Form

Please print or type clearly

The following forms are required to process a name change\*:

- Social Security Card (reflecting new name)
- Federal Tax Form, W-4
- State Tax Form, A-4
- If enrolled in ASRS, an ASRS "name change form"
- If enrolled in ICMA, an ICMA change form

### **IMPORTANT TAX INFORMATION:**

Tax forms received under your "new" name will not be processed until all required name change documents are received. Tax withholdings can be changed, in the meantime, by also submitting tax forms under your current "former" name. If you have questions call payroll at ext. 22465.

\*Your name change will not be processed until all required documentation has been received. Your name will be changed exactly as printed on your new social security card.

<b>New Name:</b>		
<b>Former Name:</b>		
Employee Number:		
Address (including Apt #):		
City:	State:	Zip:
Home Phone: (     )	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	

### **New Emergency Contact Information**

Name:		
Address:		
City:		
Home Phone: (     )	State:	Zip:

Employee Signature

Date signed

**Please send completed form to Human Resources – HR101**  
(Police Personnel please send to Deneen Kelley, District 2)

Human Resources Use only:		Payroll Use Only:	
<input type="checkbox"/>	Medical Plan	<input type="checkbox"/>	Name changed in system
<input type="checkbox"/>	Eye Med	<input type="checkbox"/>	Tax forms filed under new name
<input type="checkbox"/>	Voluntary Life	<input type="checkbox"/>	Notify employee when name change processed
<input type="checkbox"/>	ASRS	<input type="checkbox"/>	Name changed on employee file
<input type="checkbox"/>	Payroll		
<input type="checkbox"/>	Learning Center		
SSN: <input type="text"/>			
	<input type="checkbox"/> Dental Plan		
	<input type="checkbox"/> Alt Med		
	<input type="checkbox"/> Auto		
	<input type="checkbox"/> PSPRS		
	<input type="checkbox"/> Chiropractic		
	<input type="checkbox"/> Spending Accounts		
	<input type="checkbox"/> Liberty Mutual		
	<input type="checkbox"/> ICMA		

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ YYP: \_\_\_\_\_ Initials: \_\_\_\_\_